

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065578

1. Entity Name  
PSYCHCARE SERVICES, INC.

Principal Place of Business  
3805 BISCAYNE DR  
WINTER SPRINGS FL 32708

Mailing Address  
3805 BISCAYNE DR  
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PATEL, PRABODH  
815 ORIENTA AVE, STE 6  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name **THOMAS A. WALSH**  
Street Address (P.O. Box Number is Not Acceptable)  
**3805 BISCAYNE DRIVE**  
City **WINTER SPRINGS** FL **32708**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **THOMAS A. WALSH** *Thomas A. Walsh* **4/21/01**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WALSH, THOMAS A <del>138 WIMBLEDON CIR</del> <b>126 Park Ave.</b> <del>LAKE MARY FL 32748</del> <b>Casselberry, FL 32707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THOMAS A. WALSH** *Thomas A. Walsh* **4/21/01** **407-990-5225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
05-01-2001 90123 003 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)